



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

MAIN OR BRANCH LOCATION SUPPLEMENTAL FORM B1

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 through -110. (Supp. 2004)

www.sccconsumer.gov

803-734-4236/800-922-1594

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required.)

The following information MUST be provided for the MAIN AND EACH SOUTH CAROLINA BRANCH LOCATION. Complete the form in its entirety. This form may be duplicated. Use this form to notify the Department of changes in the information contained herein. Incomplete information could result in delay or denial of your application. Physical and mailing address should include city, state and zip. Additionally, if any of the information on this form changes submit a new form.

Company Name:	_____	Manager/Supervisor	_____
Physical Address*:	_____		
	_____	Employees: (List all	_____
Mailing Address:	_____	employees by name	_____
	_____	for this location.)	_____
Telephone No.	_____		_____
Fax No:	_____		_____
E-Mail:	_____		_____
Web Address:	_____		_____
Contact Person:	_____		_____
Business Hours:	_____	County:	_____

*Is physical address a residence? ☐ Yes ☐ No

For S.C. location provide detailed driving directions to the physical location from 3600 Forest Drive Columbia, SC _____

Are branch records consolidated at another South Carolina office? ☐ Yes ☐ No

If yes, list address where records are consolidated. _____

Note: Out-of-state brokers must maintain South Carolina loan files at a South Carolina location. See S.C. Code Ann. § 40-58-65.

CHECK ONE

- ☐ Initial Application (Each branch requires \$150 licensing fee)
- ☐ Renewal (Each branch requires \$150 licensing fee)
- ☐ Add this branch location (Requires \$150 fee)
- ☐ **Relocation of **Branch** or **Main** (Circle One)
- ☐ Inactivate this location

**Former Address of Branch or Main

EFFECTIVE DATE

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes.

Signature of Owner/Employee

Type or Print Your Name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____
My Commission Expires: _____

**The South Carolina Freedom of Information Act may
require the Department of Consumer Affairs to release
this form as a public record.**